Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD 10 Effective October 1, 2003

5 1 1 5 8 2 nb

K	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN	
》	(Column 1)				(Column 2)			TYPE				L ENTIT
L	OTAL CLAIMS] .	RATE	FEE		RATE	FEE
	OR .		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	ĒΕ	O;	BASIC FE	E ///
	TOTAL CHARGEABLE CLAIMS			3minus 20≈		•		XS 9=		OF	XS18=	
	IDEPENDENT	12	minus 3 =				X43=		OF	X86=		
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							÷145=	1	OF	-290=	1
•	If the difference in column 1 is less than zero, enter "0" in column 2						į	TOTAL		OF	L	
	CLAIMS AS AMENDED - PART. II										_	RTHAN
L	1-13-64 (Column 1) (Column 1)					(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE	1	RATE	TIONA FEE
MON	Total	. 3	Minus	- 2	0	=		XS 9=		OR	X\$18=	
AME	Independent	. 2	Minus			=		X43= ·		OR	X86=	
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	. +290=	1
										-	TOTAL ADDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)	^	DDIT. FEE		_		·
_		CLAIMS		HIGHE		1	Г		ADDI-	7 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	44		=	F	XS 9=		OR	X\$18=	
	Incependent	•	Minus	4		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	-
								TOTAL	·	- L	JOTAL DDIT, FEE	
		AU	OIT. FEE			UDII. FEE	;					
\neg		(Column 1) CLAIMS		(Column		(Column 3)			ACCI	1 1		ADDI-
AMENDMENT C		REMAINING . AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	SLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	**		2	;	K\$ 9=		OR	X\$18=	
WE [Independent		Minus	***		ŧ .	1	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		.		
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL	· ————
#	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								<u> </u>	OR A	DOTT. FEEL	
· 1	सार 'नाषुताटडा Nuri he,*Highest Nuri	nber Previously Pai ber Previously Paid	o For IN THI! For' (Total or	s space is le Independent)	is the h	ਹ, enxer 'ਹ.' iighest number f	bavo	in the appo	ppriate box	in colu	ma: 1.	•